

Board Advisory Group

May 25th 2022



Connect for Health Mission and Strategic Goals 2021-2024

[ConnectforHealthCO.com](https://connectforhealthco.com)

Our **mission**: To increase access, affordability, and choice for individuals and small employers purchasing health insurance in Colorado.

Our **strategic goals** guide our work and move forward our mission:

1. Advocate to improve access to coverage in areas of rural Colorado.
2. Maximize the number of consumers and employers who shop and enroll through the health insurance marketplace and apply for financial assistance.
3. Improve the ability of customers to attain and retain the right coverage for their needs.
4. Ensure that Connect for Health Colorado is a healthy and thriving organization.

Board Advisory Group Charter

- Established in HB16-1148
- **This Advisory Group will work to maximize the quality of the consumer experience on the exchange. This group will inform the way Connect for Health Colorado handles high-level policy decisions and provide feedback to the Board of Directors on ways of engaging consumers and other stakeholders about upcoming changes.**
- The Board Advisory Group may address the following issues:
 - Discuss options for how Connect for Health Colorado can best fulfill its mission of access, affordability and choice for consumers
 - Provide the Board feedback on issues they are considering
 - Discuss the role of brokers and assisters in the Exchange
 - Provide feedback on consumer and employer enrollment experiences

Roll Call, Introductions, and Approval of the Minutes

Board Advisory Group Members

As your name is called, please turn on your camera, and state your name, location, organization, and role.

ConnectforHealthCO.com

- **Jane Barnes (Chair)**, Benefits in Action: Consumer Advocate
- **John Barela**, Eumetric: Technology
- **Megan Fearing**, CSAHU: Broker
- **Erin Miller**, Colorado Children's Campaign: Consumer Advocate
- **Bethany Pray**, Colorado Center on Law Policy: Consumer Advocate
- **Cindy Watson**, Watson Insurance and Financial Group: Broker
- **Donna Wehe**, San Luis Valley Health: Hospital
- **Nikki Meredith**, Insurance Planning Alternatives: Broker
- **Krystin Beadling**, Yampa Valley Medical Center: Provider
- **Amanda Massey**, Colorado Association of Health Plans: Issuer
- **Liz Tansey**, Covering Kids and Families: Consumer Advocate
- **Dr. Kavita Nair**, M.D., UC Anschutz: Provider
- **Julia Wiswell**, CSAHU: Broker
- **Rachel Dauer**, Colorado Ovarian Cancer Alliance: Consumer Advocate
- **Eddie Sandoval**, Anthem: Issuer
- **Susan Budd**, Denver Health: Issuer
- **Rosie Duran**, Larimer Health Connect: Assister
- **Chandler Budlong-Springer**, Boulder County Health and Human Services: Assister

A Warm Welcome To...

- **Michelle Nay**, Chaffee County: Assister
- **Allison Hiltz**, AARP: Consumer Advocate





Approval of Minutes

Agenda

1. Introductions and Welcome of New Members
 - a. Name, Organization, Location, Role
 - b. Approval of Minutes
2. Family Glitch Proposed Rule
 - a. Questions?
3. Customer Satisfaction Survey
 - a. Discussion
4. State Legislative Updates
 - a. Continue discussion of health literacy, assisting customers with loss of MEC, and reaching EBNE
5. Federal Legislative Updates
6. Adjourn

Family Glitch Fix: Proposed Rule

Emma Oppenheim, Manager of Policy Research and Implementation



Background

- The federal government considers employer coverage unaffordable for families of employees if the share of the annual premium the employee must pay for self-only coverage is more than the required contribution percentage (~9.5%) of household income.
- The employee's share of the premium for family coverage is not currently considered in determining whether employer coverage is affordable for related individuals.
- Minimum value requirements do not currently exist for families of employees.

Family glitch in Colorado

The Kaiser Family Foundation estimates that there were 76,000 Coloradans in the family glitch, as of 2019.

Coloradans Experiencing the Family Glitch by FPL

Most Coloradans experiencing the family glitch purchase insurance from their employer or from C4HCO at a cost higher than what the ACA deems affordable.

Federal Poverty Level	Total Individuals (Cumulative)	Estimated Uninsured (Cumulative)	Uninsured Rate (Cumulative)
Up to 150%	8K	1K	12%
Up to 200%	22K	3K	13%
Up to 250%	35K	5K	14%
Up to 300%	43K	6K	13%

Source: KFF
Note: Totals may not sum due to rounding



Proposed Family Glitch Fix

- The proposed rule amends existing regulations regarding eligibility for APTC to base the affordability of employer coverage for family members on the cost of covering the employee and their family members.
- Family members found to have unaffordable (more than the required contribution) employee-sponsored insurance would be eligible for APTC.
- Families in the family glitch accessing APTC would pay for Connect for Health coverage on top of employee-only coverage.

Implementation of Family Glitch and Minimum Value Fix

- When a family applies for coverage and one or more family members has an offer of employer coverage, Connect for Health would perform the following affordability determinations:
 1. One determination for the employee based on the cost of self-only coverage.
 2. One determination for the related individuals based on the cost of family coverage.
 3. Additional determinations for any related individuals who have an offer of coverage from another employer.
- Families would also attest to being provided coverage that meets the new minimum value requirements.

→ These changes would be implemented for the 2023 plan year.

Customer Impact

- Families in the family glitch would pay for Connect for Health coverage on top of employee-only coverage.
 - Families may find that coverage for their family continues to be unaffordable when considering the costs of separate premiums, deductibles and out of pocket maximums.



Cost of employee coverage
Up to 9.5% of household income



Cost of coverage on the exchange for additional family members, if ESI family coverage > 9.5% of household income
Up to 8.5% of household income (ARP)



Cost of employer coverage available to other family member(s)
Up to 9.5% of household income

Example

- Mom has an offer of employer-sponsored insurance. Mom is married to Dad and has two dependent children.
- Mom's employer sponsored insurance is affordable for Mom, only (coverage is <9.5% of household income).
- Mom's employer sponsored insurance costs more than 9.5% of household income for family coverage of her spouse and two children.
- Dad has an offer of affordable employer sponsored insurance (coverage costs <9.5% of household income).
- Mom and Dad are considered to have affordable minimum essential coverage options through their respective employers.
- The dependent children are eligible for APTC. APTC amounts are determined using the appropriate applicable percentage for their family's household income.

Example, continued

	Family of 4 making \$50,000 annually: Mom, Dad, two children	Family of two making \$50,000: Jane and John
ESI offers	<ul style="list-style-type: none"> Mom has an ESI offer of \$350 per month, 8.4% of income Dad has an ESI offer of \$300 per month, 7.2% of income Family coverage through Mom is \$950 per month, 23% of income Family coverage through Dad is \$900 per month, 22% of income 	<ul style="list-style-type: none"> Jane has an ESI offer of \$350/ month, 8.4% of income John does not have an ESI offer Family coverage through Mom is \$600 per month, 14.4% of income
Affordability Determination	<ul style="list-style-type: none"> Respective ESI coverage is considered affordable for Mom and Dad Neither family coverage option is considered affordable; children may receive APTC on the exchange. 	<ul style="list-style-type: none"> ESI coverage is considered affordable for Jane Family coverage is not considered affordable for John
APTC Amounts	Coverage would cost \$42 per month for the children.	Coverage would cost for \$208 per month for John.
Total cost	Coverage for Mom + Dad + Children = \$692	Coverage for Jane + John = \$558



Proposed Minimum Value Requirement

- The proposed regulations would also add a minimum value rule for family members of employees.
- Families would receive APTC if their employer coverage does not provide a 60% actuarial value.
- A minimum value definition for family coverage previously did not exist.

Impact to HIAE customers

- HIAE legislation sets aside funding for health insurance subsidies that *may* be made available to family glitch customers.
- HIAE subsidies currently unavailable to family glitch customers
 - HIAE subsidies are currently available to customers making <138% FPL
 - Family glitch customers with this income would be eligible for Medicaid or CHP+
- Subsidies would not be made available to family glitch customers if they are eligible for APTC.



Questions?



2022

NEW AND RETURNING CUSTOMER SURVEY



Leslie Chadwick,
Senior Manager of Marketing and Communications

Overview and Methodology

- > The purpose of the survey was to better understand what the enrollment process is like for returning and new customers of Connect for Health Colorado.
- > This was an online survey sent to a random sample of customers.
- > Customers completed the survey between February 18th and March 18th, 2022.

	Number of Surveys	Adjusted Margin of Error
Overall	698	± 5.5%
New customers	362	± 5.9%
Returning customers	336	± 6.6%

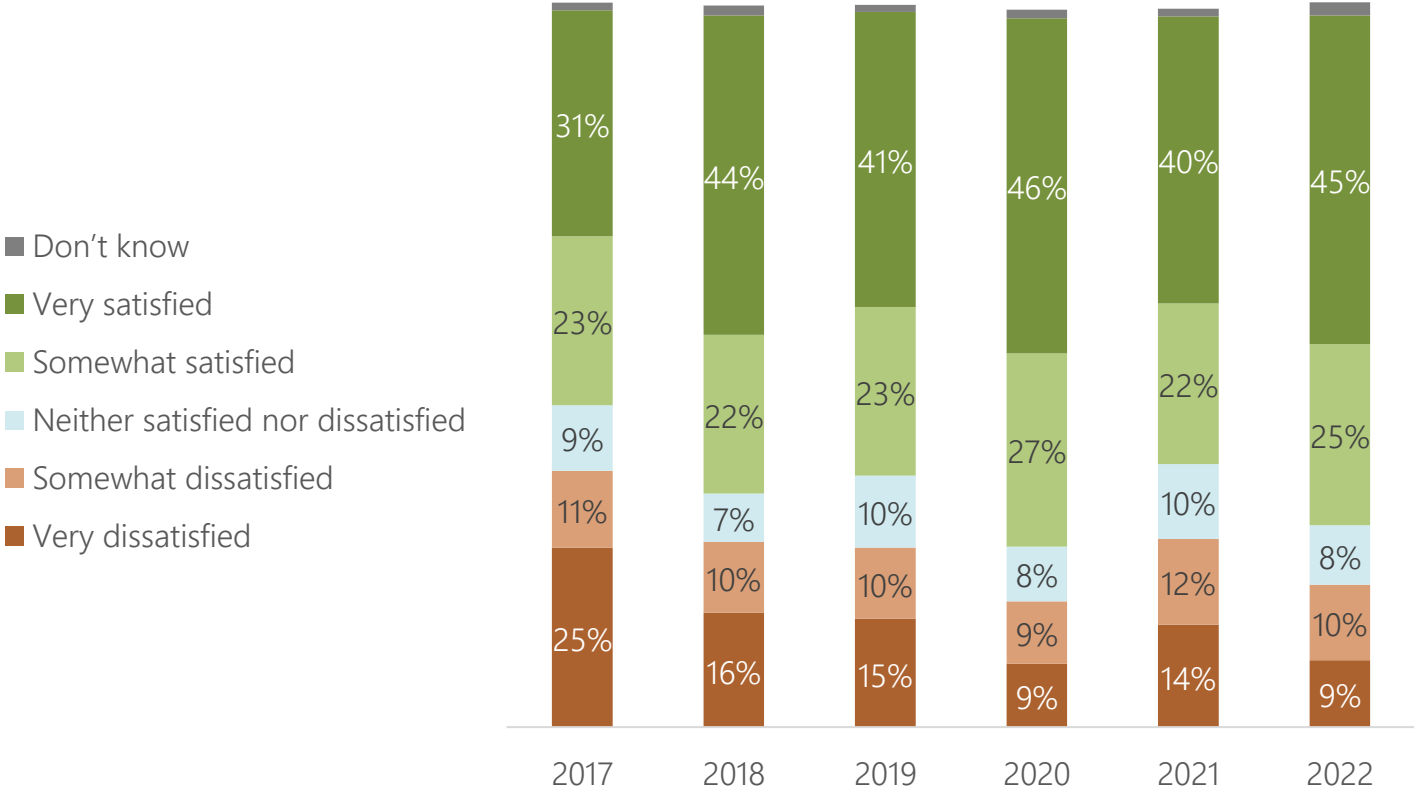
KEY FINDINGS



Customers in 2022 were as satisfied with their enrollment as most previous years

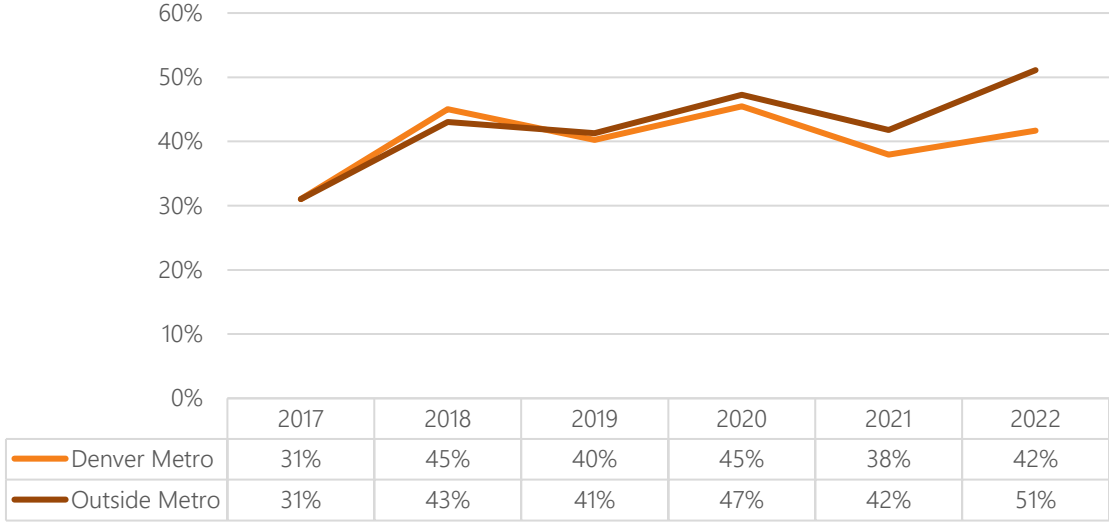
- > Most customers are returning customers, so their opinions have a bigger impact on the overall results.
- > In 2022, returning customers were as satisfied as previous years. New customers in 2022 were slightly more satisfied with enrollment compared to previous years.

Satisfaction With Enrollment

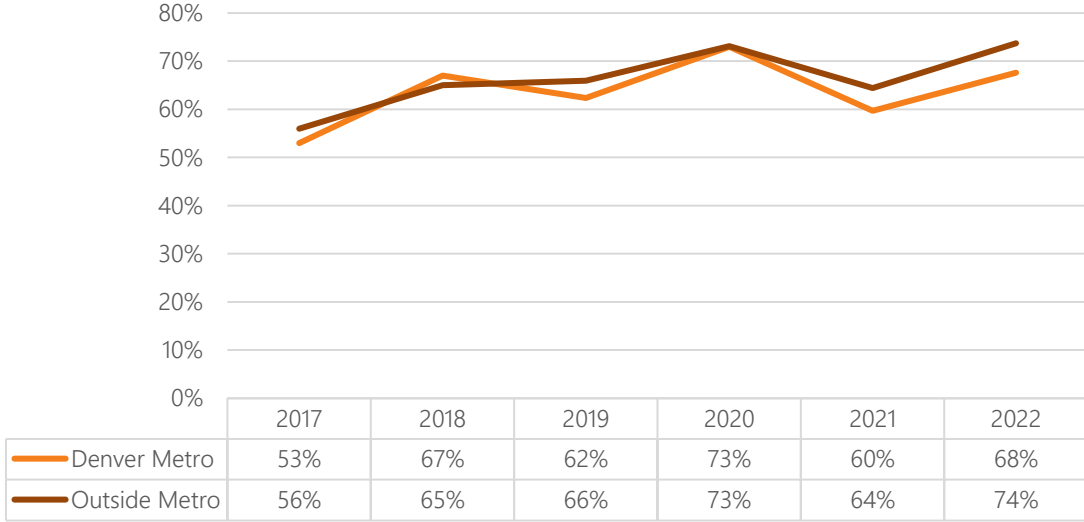


Changes in satisfaction with enrollment have been similar both inside and outside of the metro over the years

Percentage who are "Very Satisfied"



Percentage who are Very or Somewhat Satisfied

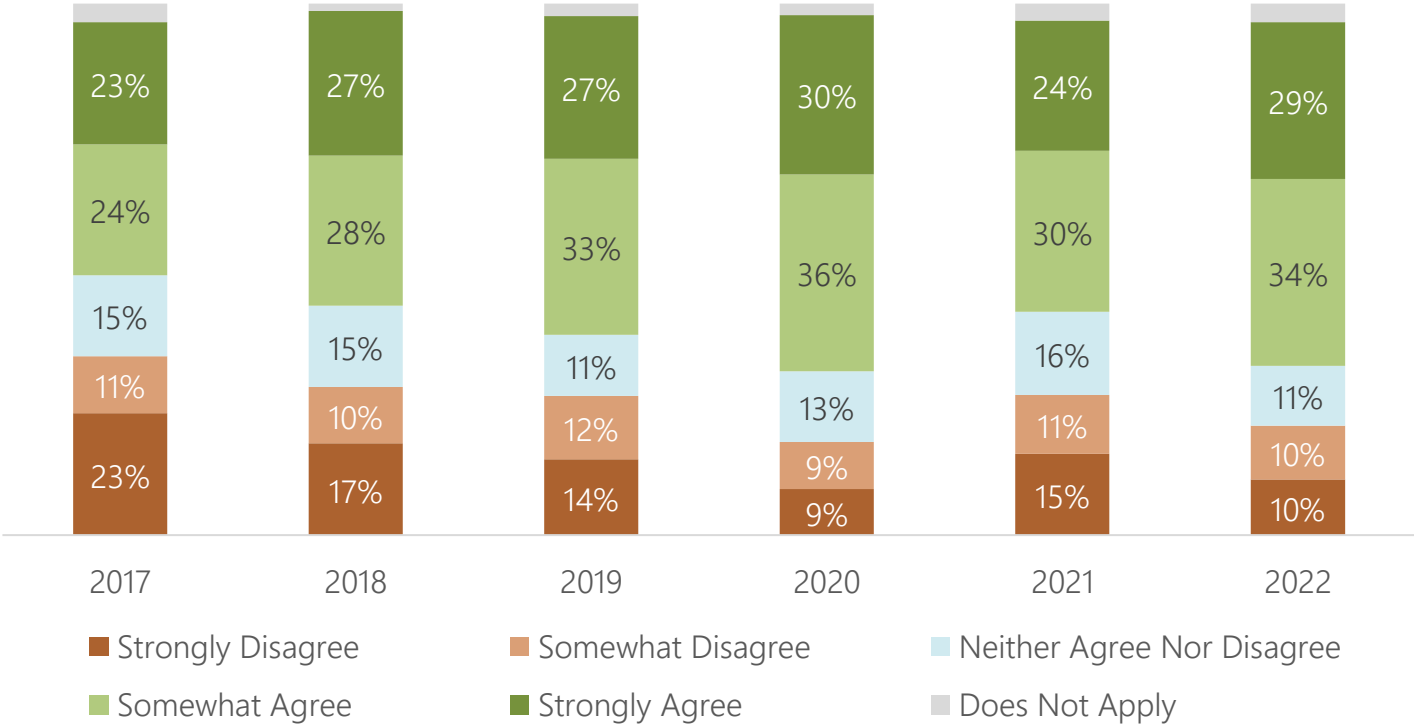


- > Satisfaction increased a little more sharply from 2021 to 2022 outside of the metro area, compared to Denver metro. However, this was not a statistically significant change.

Customers in 2022 were slightly more likely to believe that enrollment was easy compared to previous years

> This was especially true for new customers in 2022.

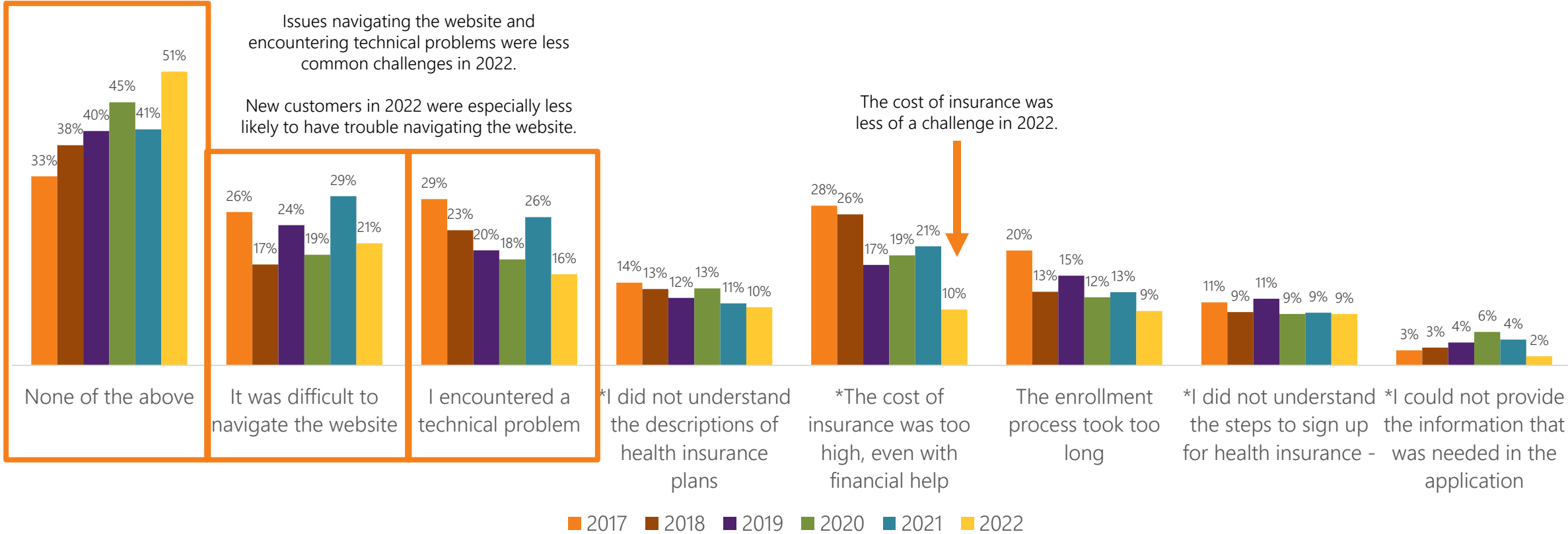
Overall, enrolling in a health insurance plan through Connect for Health Colorado was easy



Q12. [modified 2019] Please rate how much you agree or disagree with the following statements about your Connect for Health Colorado enrollment experience. [Randomize]

Compared to 2021, customers in 2022 experienced fewer challenges while enrolling

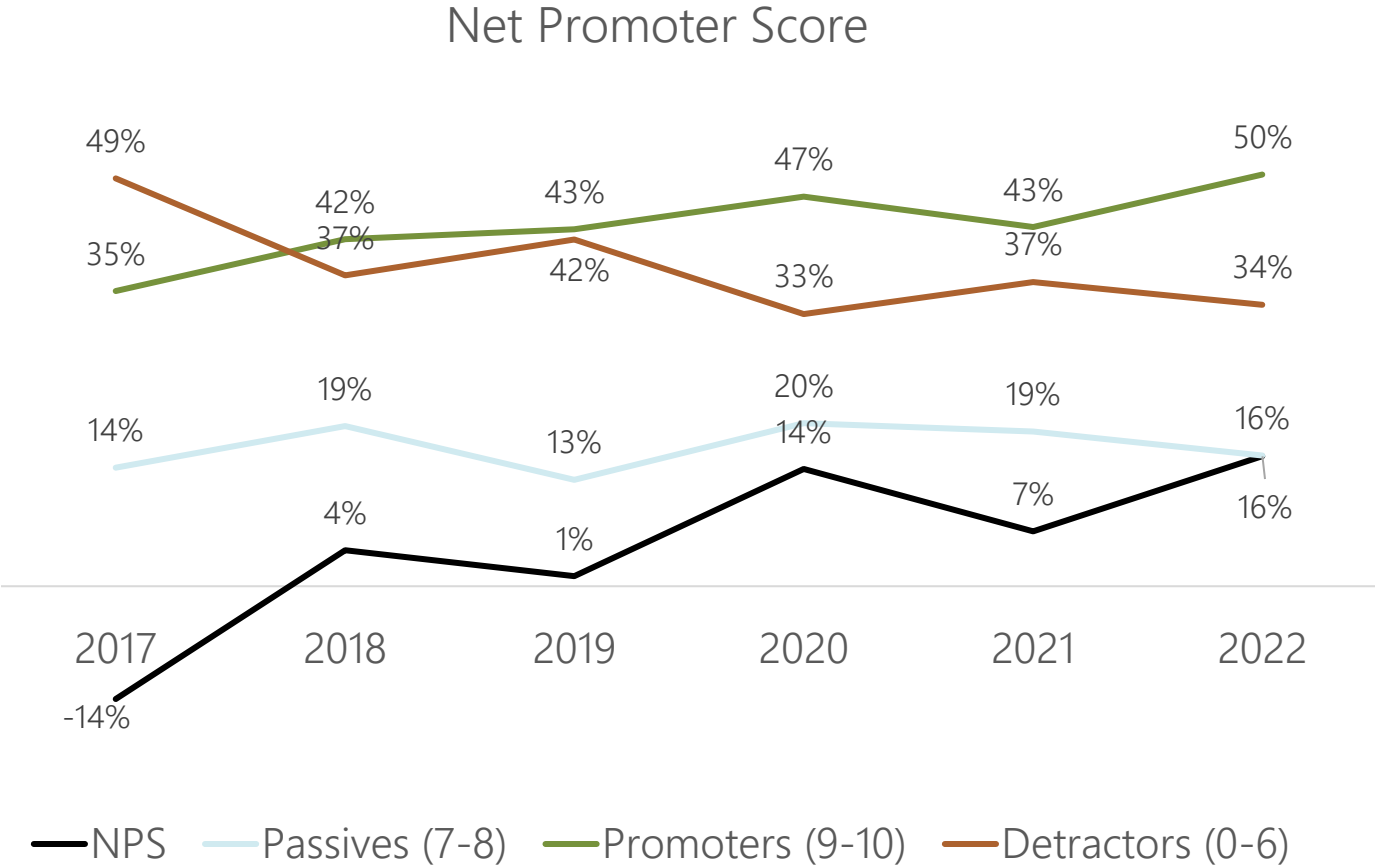
Challenges During Enrollment



Q10. [modified 2019] Did you experience any of the following challenges when enrolling in a health insurance plan through Connect for Health Colorado? Please check all that apply. [Randomize]

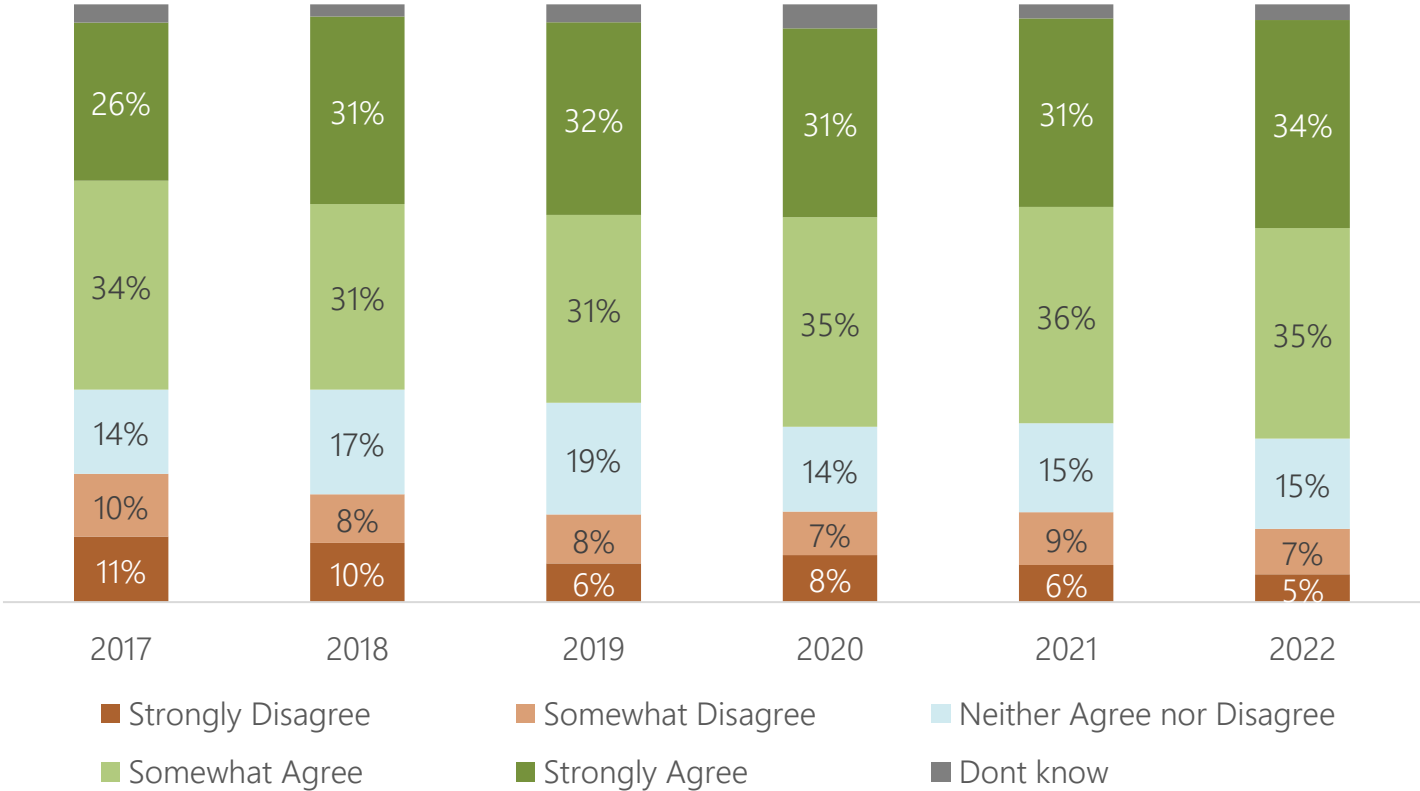
The Net Promoter Score increased in 2022

- > The Net Promoter Score (NPS) is a business metric typically used to assess customer loyalty. To calculate the NPS, the percentage of detractors are subtracted from the percentage of promoters.
- > Both new and returning customers were slightly more likely to be promoters in 2022, compared to 2021.



Customers in 2022 were slightly more likely to believe that they selected the best health insurance plan for their needs, compared to previous years

I selected the best health insurance plan for my needs

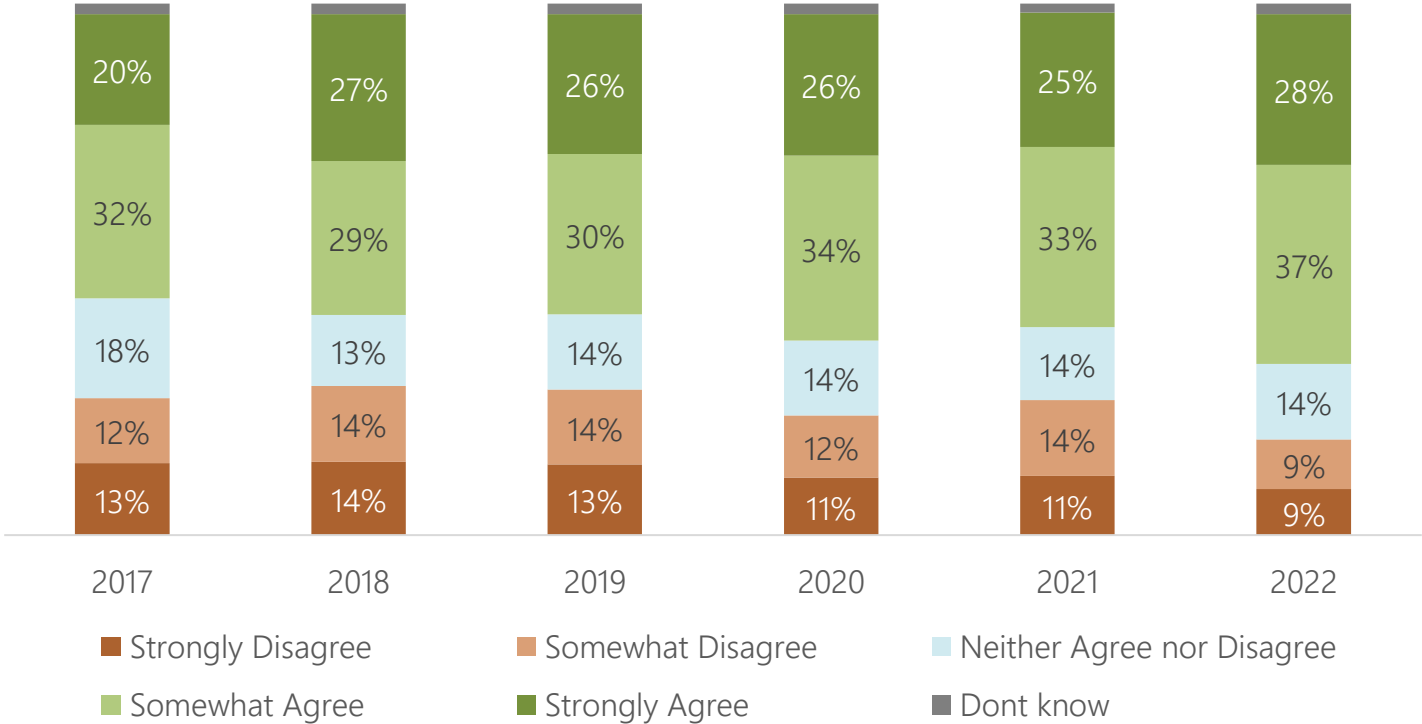


> This was mostly due to returning customers believing that they had selected the best plan.

Q17. Please rate how much you agree or disagree with the following statements. [Randomize]

Customers in 2022 were slightly more satisfied with the plan that they enrolled in compared to previous years

I am satisfied with the health insurance plan that I enrolled in

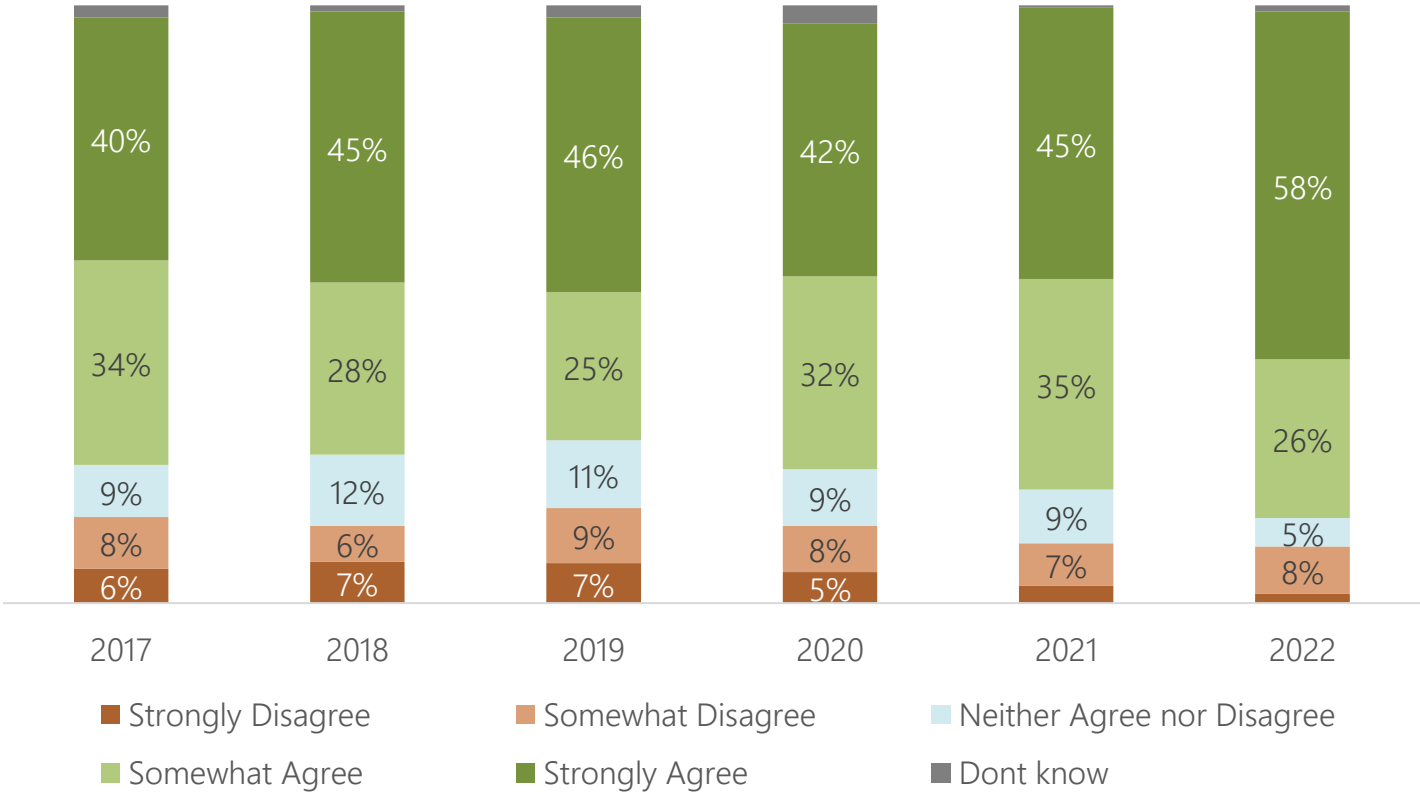


Q17. Please rate how much you agree or disagree with the following statements. [Randomize]

Customers in 2022 were more certain that they would be able to pay their monthly premium, compared to previous years

I will be able to pay my plan's monthly premium

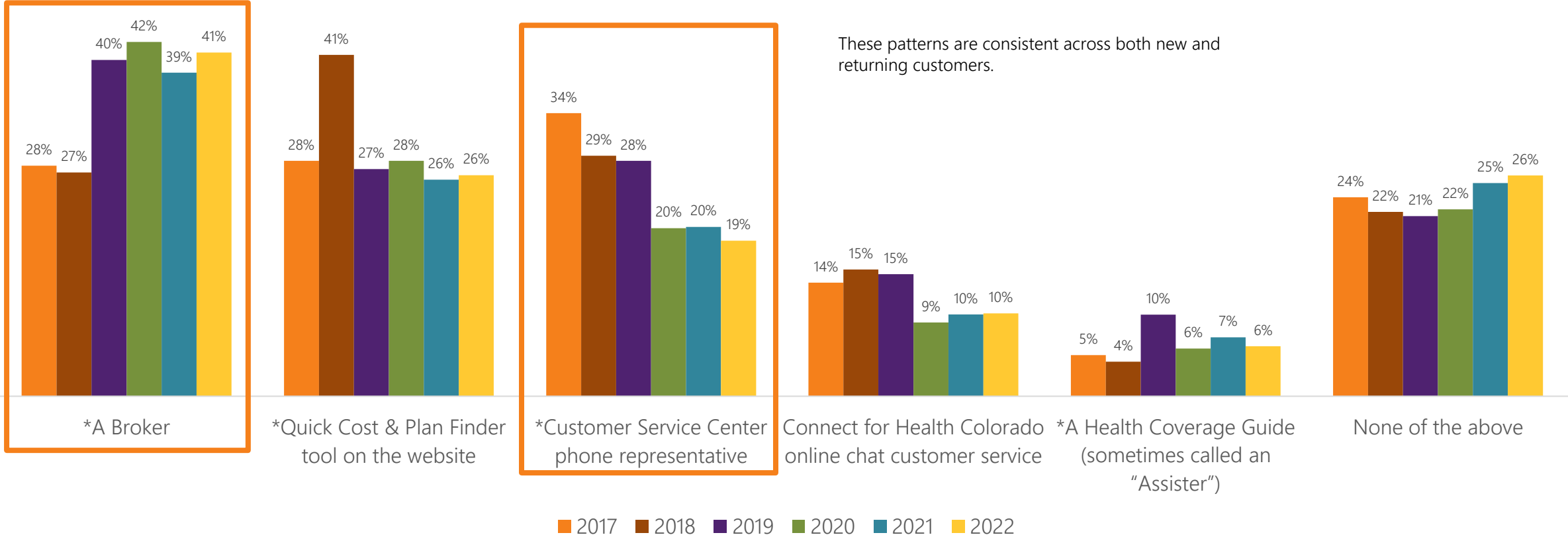
> This was true for both new and returning customers in 2022.



Q17. Please rate how much you agree or disagree with the following statements. [Randomize]

Use of a Broker has increased over time, while use of a phone service representative has decreased over time

Tools and Assistance Used During Enrollment

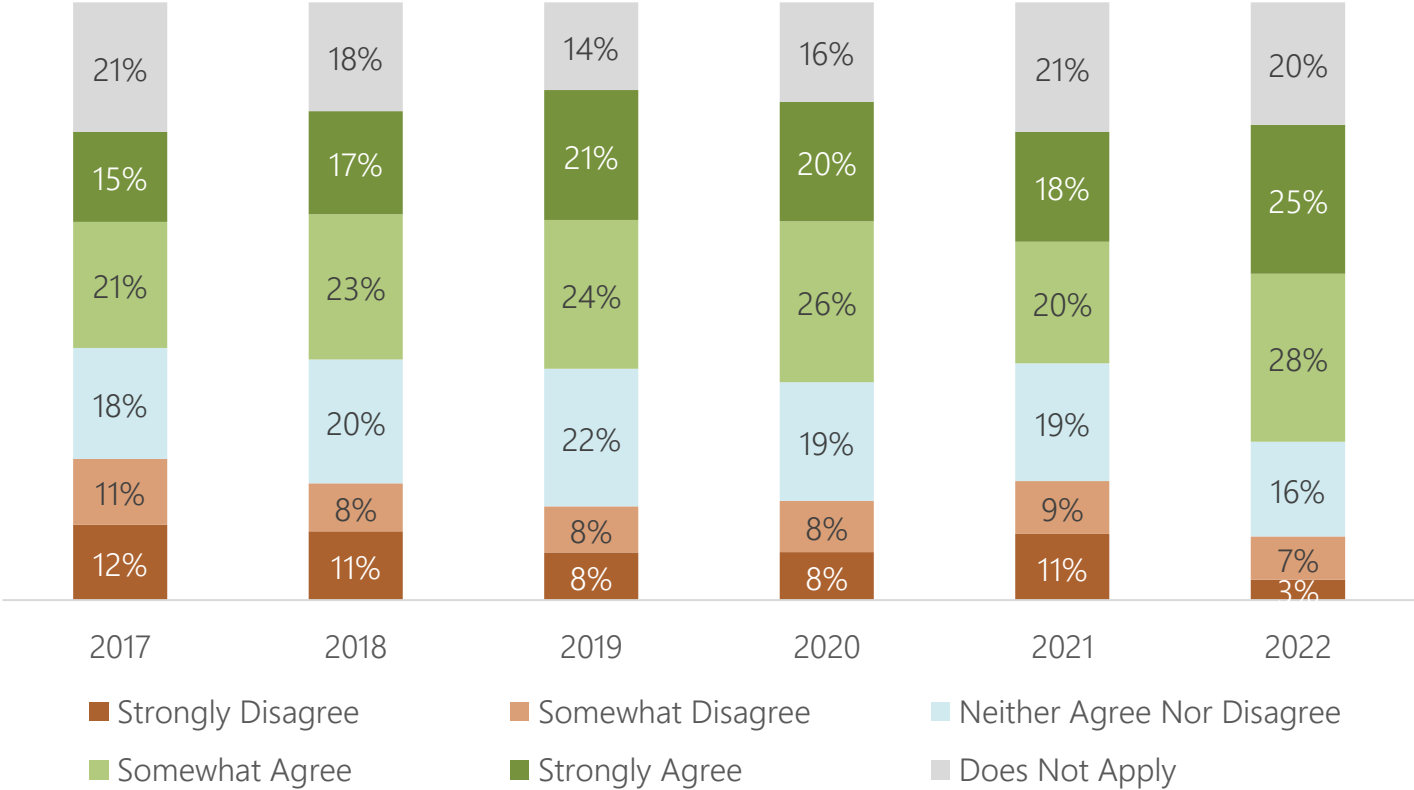


Q13. [modified 2019] Did you use any of the following resources to help you pick your health insurance plan? Please check all that apply.

Customers in 2022 were more likely to think applying for financial assistance was easy, compared to previous years

> This was true for both new and returning customers.

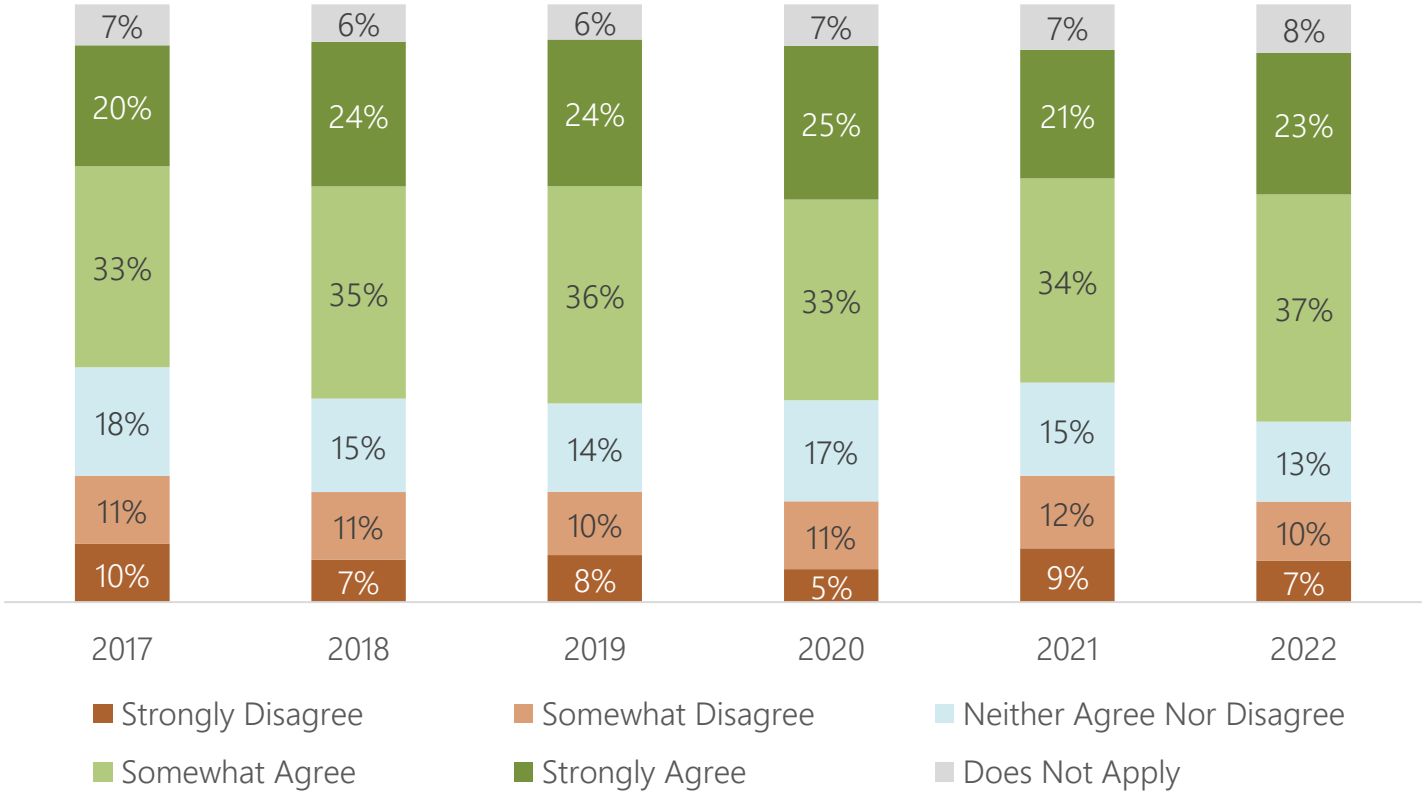
Applying for financial assistance was easy



Q12. [modified 2019] Please rate how much you agree or disagree with the following statements about your Connect for Health Colorado enrollment experience. [Randomize]

Customers in 2022 were as likely to find comparing plans on the website easy, compared to 2021

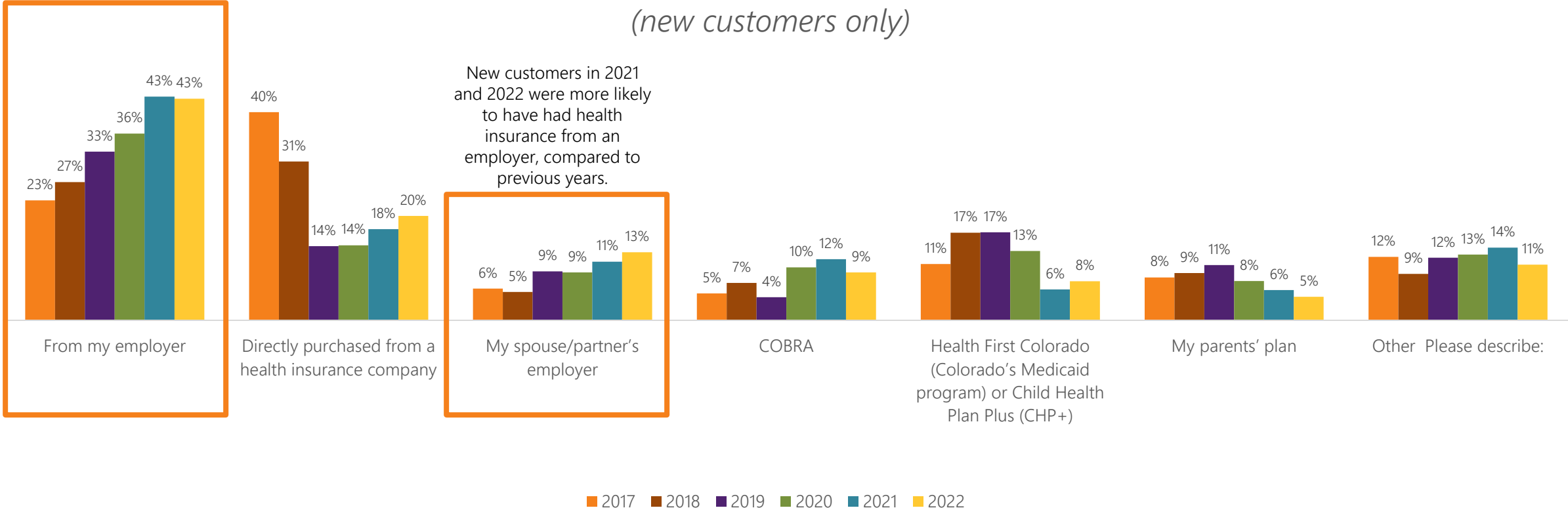
Comparing plans on the website was easy



Q12. [modified 2019] Please rate how much you agree or disagree with the following statements about your Connect for Health Colorado enrollment experience. [Randomize]

Like 2021, new customers in 2022 who had health insurance prior to enrollment typically were insured through an employer

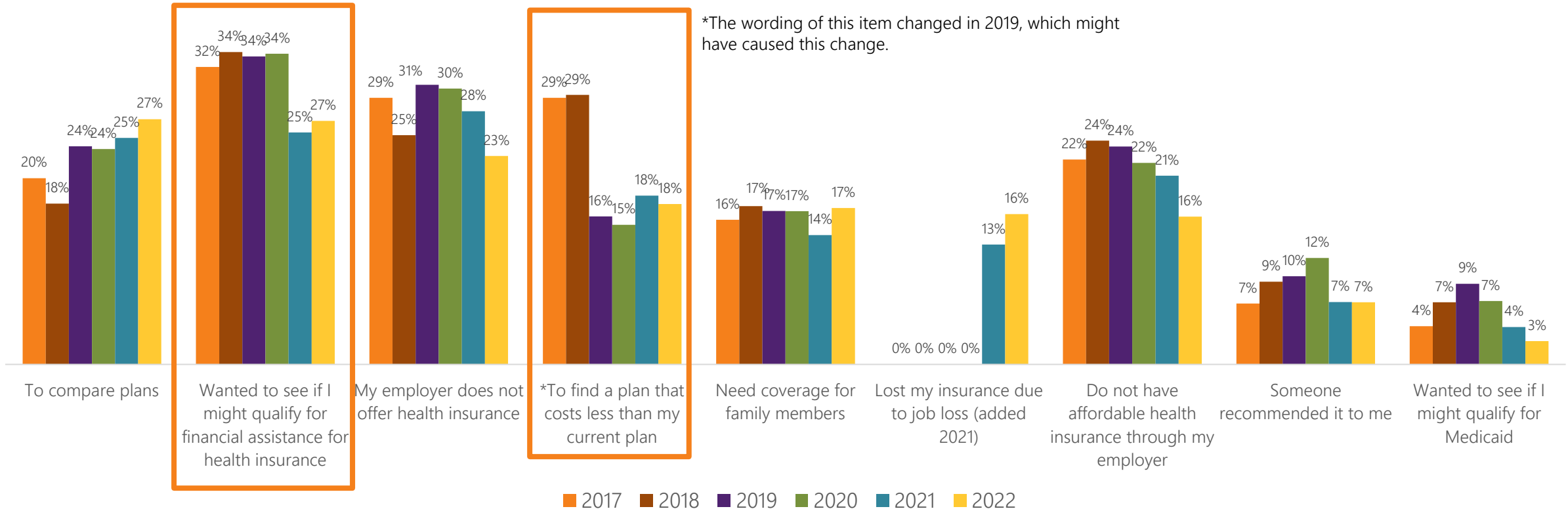
Top 7 Types of Health Insurance Prior to Enrollment (new customers only)



Q9. [if had health insurance] [modified 2019] How were you insured in the previous year? Please check all that apply.

Like 2021, customers in 2022 were less likely to report using the Marketplace to see if they qualify for financial assistance

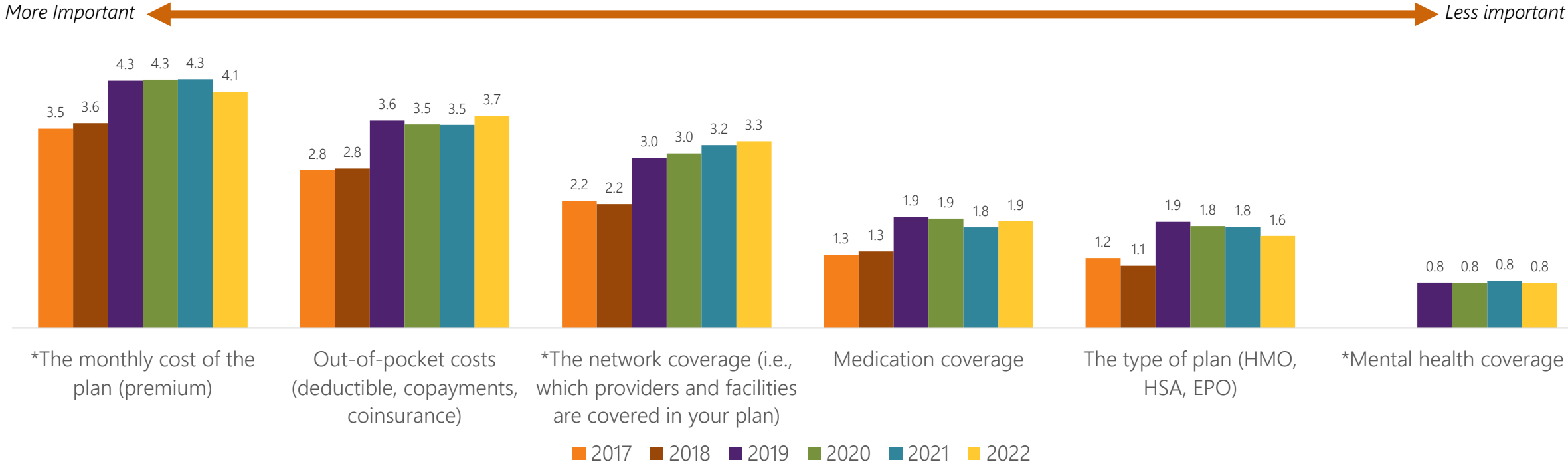
Reasons for Using Marketplace



Cost continues to be the most important factor when choosing a health insurance plan in 2022

Importance Ranking of Factors When Choosing a Health Insurance Plan
(Reverse scored so higher numbers=more important)

Mental health coverage was added to the survey in 2019, and the ranking of that item has been similar across years.



Q14. [modified 2019] Please rank how important the following were when selecting your health insurance plan, where 1=the most important factor when selecting health insurance, 2=the second most important factor, etc.



State Legislative Updates

Colorado Legislative Session Ended May 11th

ConnectforHealthCO.com



HB22-1289 “Cover all Coloradans”

- C4 Board Position: Monitor
- C4 Impacts:
 - **Special Enrollment Period for uninsured pregnant Coloradans starting 2024**
 - Customer can request retroactive coverage to the 1st of the month in which a provider confirms beginning of pregnancy
 - **Expanded Medicaid and CHP+ eligibility to pregnant persons and children without documentation starting 2025.**
- Status: Passed Legislature and awaiting action from the Governor

HB22-1269: Health-care Cost Sharing Arrangements

- C4 Board Position: Support
- C4 Impacts:
 - **Health cost sharing arrangements will be required to report a variety of data to DOI**, including % of claims paid, # of enrollees, # of Brokers associated, and publicly post training materials provided to Brokers
 - Will enable C4 and enrollment specialists to better assist customers in choosing the right coverage for them
 - Better anticipation of Special Enrollment Periods due to health cost sharing arrangements
- Status: Passed Legislature and awaits action from the Governor

SB22-081: Exchange Marketing and Outreach Campaign

- C4 Board Position: Support
- C4 Impacts:
 - Directs C4 Board to design and implement a marketing and outreach campaign
 - Campaign must assist customers make the transition to Marketplace coverage at the end of the PHE, as appropriate
 - Campaign must target improving health literacy and reducing uninsured rate
 - Campaign must target helping Coloradans losing minimum essential coverage
 - C4 will receive \$24 million over 6 years for this work
- Status: Passed Legislature and awaiting action from the Governor



Questions?

SB22-081

Discussion: Defining the Problem, prior discussion

If passed, the legislation directs the Board to create a marketing and outreach campaign that improves health literacy, assists customers with loss of MEC, and reduces uninsured/EBNE rate.

1. Based on your experiences, what do you want the Board to know about health literacy (or lack thereof)?
2. Based on your experiences, what do you want the Board to know about assisting customers who lose MEC?
3. Based on your experiences, what do you want the Board to know about Coloradans who are uninsured or eligible but not enrolled?

Summary of Discussion

The group discussed challenges regarding health literacy, assisting customers who lose minimum essential coverage, and reaching eligible but not enrolled populations.

Health Literacy:

- Does not sink in with customers until they have to use their coverage
- Real world examples help customers contextualize
- C4 has gotten better at advertising what cost sharing reductions are
- A huge need with immigrants and other communities who have not used private insurance before

Loss of MEC:

- Technology barriers large driver of clients giving up
- Must stress 60-day enrollment period

EBNE:

- Rural and frontier county targeting critical
- Correlation between EBNE and presence of local Brokers and Assisters
- Difficult to differentiate plans without help of a Broker and Assister

SB22-081: Discussion Continued

1. What gaps could education fill when it comes to health literacy?
2. What gaps could education fill when it comes to assisting with loss of minimum essential coverage (MEC)?
3. What gaps could education fill when it comes to reaching uninsured and eligible but not enrolled (EBNE) Coloradans?
4. How would you prioritize these issues?



Federal Updates

[ConnectforHealthCO.com](https://connectforhealthco.com)



American Rescue Plan Subsidy Extension

- An estimated **76%** of Colorado marketplace enrollees will see reduced or eliminated financial help
- Average premium spending by household is estimated to increase by **~39%** annually
- An estimated **26,000** middle-income Coloradans may no longer qualify for financial support
- An estimated **25,500** Coloradans will lose their health coverage
- Annual premium spending is estimated to increase for Coloradans ages 55+ by **47%**
- Expanded financial assistance led to a **19%** enrollment increase between 2021 and 2022 across all rural counties, and a **16% decrease** in their net premiums
- Expanded financial assistance led to a **60%** enrollment increase and **47%** average decrease in net premiums for Coloradans with incomes under 150% FPL
- **We received requests for customer stories that highlight the impact ARP subsidies on customers' lives- got one? Reach out to Jessalyn!**

What We're Doing



Public Comment

Thank you!
See you August 31st
Jessalyn's contact info: jhampton@c4hco.com